

arena. This organization, an influential think tank on disabled policy and research issues, is dedicated to eliminating handicappism through equity of opportunity, institutionalizing the full participation of the disabled within our society and ensuring economic parity for the disabled. Under Roberts, the organization conducted research and training on major policy issues, formulated new approaches to disabilities that are based on real-life emergencies and needs, began a disabled youth summer jobs and internship project, encouraged small businesses to identify barriers faced by the disabled and lobbied for small business loans for the disabled. His lobbying efforts gave rise to the Americans with Disabilities Act of 1990, section 504, and other important access laws for the disabled. Carrying his message of independent living, Mr. Roberts traveled worldwide pushing his message for disabled rights in Africa, Australia, Russia, El Salvador, and Japan, just to name a few.

Edward V. Roberts positively changed the perceptions of a whole society and revolutionized society's idea of what persons with disabilities could be. As a role model and leader with a vision, Roberts was committed to building an environment that supports the independence of people with disabilities. Roberts plotted his course early and never veered from his chartered path. He inaugurated a civil rights movement that changed the life of every disabled person and the structure of nearly every street and building in this Nation. Though there are no monuments to the man who launched the disabilities rights movement, we must recognize Mr. Roberts as the man who tried to build a dream that we all could share, now and in all generations to come. We will all mourn this loss.

ALDRICH AMES SPY CASE

HON. LARRY COMBEST

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 16, 1995

Mr. COMBEST. Mr. Speaker, on November 30, 1994, the Permanent Select Committee on Intelligence issued its report on the Aldrich Ames espionage case. Among the findings of that report was the fact that "the CIA failed to keep the oversight committees fully and currently informed" about the case "despite several instances of pointed questioning by Committee members. The lack of notification extended to the end: Neither the CIA nor the FBI advised the oversight committees of the investigation until shortly before Ames' arrest."

This chilling finding left unanswered the question as to why the oversight committees had not been kept informed, as the law requires: Was it a witting coverup or inadvertent? Although neither answer would be comforting, the Permanent Select Committee on Intelligence deemed it necessary to close out this unanswered question with regard to the Ames case.

Despite the heavy press of business the committee's staff and Members made this a priority at the outset of this Congress. After extensive work by the staff and a review by the committee, the committee voted unanimously on May 11, 1995, to release the following statement:

CONGRESSIONAL OVERSIGHT OF THE ALDRICH AMES SPY CASE

On February 21, 1994, Aldrich Ames was arrested and charged with violating U.S. espionage laws and spying for the former Government of the Soviet Union and the Government of Russia. Since that date, the Committee has conducted an aggressive inquiry to determine what went wrong in the Ames case and how to fix it. In November 1994, we issued an exhaustive report that had specific recommendations for remedial action. The Intelligence Community and the FBI have taken significant steps to address problems we highlighted in our report. The remedial actions have had a positive effect on counterintelligence issues.

One issue, in particular, surfaced during our inquiry that necessitated additional follow-up: that is, whether the CIA violated Section 502 of the National Security Act of 1947 and whether that violation was intentional. Section 502 requires that the Congress be informed of "all intelligence activities . . . including . . . any significant intelligence failure." At a full committee hearing on February 7, 1995, and in correspondence with this committee, Acting Director of Central Intelligence Admiral Studeman has stated that the CIA failed to meet this statutory obligation.

The CIA's admission of its violation of Section 502 led us to the next question, whether this failure was intentional. The Committee has interviewed a wide range of current and former CIA officials involved in the Ames case. We also reviewed the voluminous reporting that we have received on the Ames case. This examination produced no evidence that any former Director of Central Intelligence, Deputy Director of Central Intelligence, or Deputy Director for Operations made a decision to withhold information about the loss of Soviet assets in 1985 and 1986 and the resulting investigation from this Committee.

At lower levels of the CIA, where the counterintelligence investigation was being conducted, it appears that no one ever thought to bring this matter to the Committee's attention. Five Members of this Committee asked precisely the right questions about espionage problems at CIA during the CIA's own investigation: former Chairman Anthony Beilenson; two ranking Members, Representatives Henry Hyde and Bud Shuster; and two Committee members, Representative Dick Cheney and Larry Combest. At a minimum, what is clear is that, at certain levels, CIA officials did not understand the requirements of the law. The CIA is taking steps to ensure that all employees are aware of Section 502. Moreover, it is important to note that it is not the responsibility of the Committee "to ask the right questions." The onus lies with the Intelligence Community to be forthcoming vis-a-vis its oversight responsibilities.

The Committee is taking the following additional actions:

We have prepared a letter for the new DCI, John Deutch, drawing his attention to Section 502 and the transcript of the February 7, 1995 hearing. We are confident that the new DCI will be vigilant in ensuring that the mandates of Section 502 are followed. Notification is not merely a matter of law, but is also a matter of common sense. Senior CIA officials must bring matters to the attention of the Congress when there is any "significant intelligence failure." This raises the corollary issue of ensuring that all officers of the CIA understand that they will be held accountable for the management of their operations, as Admiral Studeman has already informed personnel of the CIA. The new DCI has also pledged to make accountability a focus of his management policies.

The Committee has a continuing interest in the Ames case. A full briefing on the results of the Intelligence Community's damage assessment will be received later this year. Following that briefing, the Committee will determine if there is additional legislative or other remedial action that is required.

The Committee will also continue to monitor the counterintelligence reforms that have been put in place by the CIA, the Intelligence Community and the FBI to ensure that there is no backsliding on this matter.

MEDICARE DEPENDENT HOSPITAL RELIEF ACT OF 1995

HON. E. CLAY SHAW, JR.

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday May 16, 1995

Mr. SHAW. Mr. Speaker, I rise today to introduce timely legislation that will allow Medicare dependent hospitals, defined as hospitals with Medicare patient loads of 60 percent or more, to be reimbursed more fairly under the Prospective Payment System [PPS]. These hospitals, both rural and urban, have significantly higher Medicare losses and lower overall Medicare margins than other hospitals. This disparity threatens the viability of these hospitals and the access to, and the quality of, care for Medicare beneficiaries.

This legislation, which I am introducing in conjunction with my good friend from Florida, Senator BOB GRAHAM, is titled the Medicare Dependent Hospital Relief Act of 1995. To remedy the problem facing Medicare dependent hospitals, this bill includes three main provisions. First, Medicare dependent hospitals will be statutorily defined as hospitals with Medicare patients loads representing 60 percent or more of total patient days. Second, each year the Prospective Payment Assessment Commission [ProPAC] will compute, and the Health Care Financing Administration [HCFA] will implement, separate PPS updates for Medicare dependent hospitals and other hospitals. The update for Medicare dependent hospitals will have to make the average Medicare loss for those hospitals equal to the average Medicare loss for all hospitals. The computation and implementation will be budget neutral, thus this bill will not create additional costs. Third, ProPAC's annual report to Congress will include recommendations to ensure that beneficiaries served by Medicare dependent hospitals retain the same access and quality of care as Medicare hospital patients nationwide.

The need for this legislation is simple. Between 1983 and 1988, Medicare phased in the PPS to replace cost-based reimbursements with prospective, or pre-determined, payments to contain costs and encourage efficiency. Various PPS adjustments have produced wide variations in hospital profits and losses from Medicare. Medicare dependent hospitals, as a group, have been at a distinct disadvantage. While hospitals on average lose 2.73 percent on their Medicare business, Medicare dependent hospitals lose much more: on average, those Medicare dependent hospitals with 60-64 percent Medicare loads lose 4.57 percent, while those with 65 percent or greater Medicare loads lose 5.45 percent. Medicare dependent hospitals have less ability to offset

Medicare losses with payments from other payors because of their high Medicare patient loads. With such low margins, Medicare dependent hospitals are faced with only two choices: either close or reduce services. In either case, the ultimate losers will be the Medicare beneficiaries these hospitals serve.

I urge my colleagues to support this legislation and ask that this bill and these remarks be inserted into the RECORD.

H.R.—

SECTION 1. SHORT TITLE.

This Act may be cited as the "Medicare Dependent Hospital Relief Act of 1995".

SEC. 2. DEVELOPMENT OF SEPARATE APPLICABLE PERCENTAGE INCREASES FOR MEDICARE DEPENDENT HOSPITALS AND OTHER HOSPITALS BY THE PROSPECTIVE PAYMENT ASSESSMENT COMMISSION.

(a) DEVELOPMENT OF SEPARATE APPLICABLE PERCENTAGE INCREASES.—

(1) IN GENERAL.—The Prospective Payment Assessment Commission established under section 1886(e)(2) of the Social Security Act (42 U.S.C. 1395ww(e)(2)) (in this section referred to as the "Commission") shall, in accordance with paragraph (2), develop for fiscal year 1997 and each fiscal year thereafter separate applicable percentage increases described in section 1886(b)(3)(B) of such Act (42 U.S.C. 1395ww(b)(3)(B)) for Medicare dependent hospitals and subsection (d) hospitals which are not Medicare dependent hospitals.

(2) EQUALIZATION OF MEDICARE MARGINS.—The Commission shall develop separate applicable percentage increases under paragraph (1) such that, if such factors were in effect, the estimated average annual Medicare margins of all Medicare dependent hospitals in furnishing inpatient hospital services to Medicare beneficiaries in such fiscal year would be equal to the average annual Medicare margins of all subsection (d) hospitals which are not Medicare dependent hospitals in furnishing inpatient hospital services to Medicare beneficiaries in such fiscal year.

BUDGET NEUTRALITY.—The Commission shall provide that the separate applicable percentage increases developed under paragraph (1) would, if in effect, not result in aggregate payments under section 1886 of the Social Security Act (42 U.S.C. 1395ww) to Medicare dependent hospitals and subsection (d) hospitals which are not Medicare dependent hospitals for the furnishing of inpatient hospital services in a fiscal year in excess of the aggregate payments under such section to such hospitals in such fiscal year if such factors were not in effect.

(b) REPORTS.—

(1) IN GENERAL.—Beginning in March 1996, the Commission shall, in each of the Commission's March reports to the Congress required under section 1886(e)(3) of the Social Security Act (42 U.S.C. 1395ww(e)(3)) include—

(A) the separate applicable percentage increases developed by the Commission under subsection (a)(1) for the upcoming fiscal year; and

(B) recommendations on methods to ensure that Medicare beneficiaries who receive services furnished by Medicare dependent hospitals have the same access and quality of care as Medicare beneficiaries who are furnished services by subsection (d) hospitals which are not Medicare dependent hospitals.

(2) ANNUAL REVIEW OF MEDICARE MARGINS.—The Commission shall develop the recommended methods under paragraph (1)(B) after annually reviewing the average Medicare margins in Medicare dependent hospitals and the impact of such Medicare margins on the Medicare dependent hospitals' overall profit margins.

SEC. 3. DEFINITIONS.

In this Act, the following definitions apply:

(1) MEDICARE BENEFICIARY.—The term "Medicare beneficiary" means an individual who is entitled to benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.).

(2) MEDICARE DEPENDENT HOSPITAL.—The term "Medicare dependent hospital" means any subsection (d) hospital—

(A) that is not classified as a sole community hospital under section 1886(d)(5)(D) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(D)); and

(B) for which not less than 60 percent of its inpatient days were attributable to Medicare beneficiaries during 2 of the last 3 preceding fiscal years for which data is available.

(3) MEDICARE MARGIN.—

(A) IN GENERAL.—The term "Medicare margin" means for a fiscal year the ratio expressed as a percentage equal to—

(i) the difference between all Medicare revenues paid to a hospital for the operating costs of inpatient hospital services in a fiscal year and all Medicare program eligible expenses for such operating costs for such fiscal year (as shown by each hospital's HCFA 2552 report submitted annually to the Health Care Financing Administration); divided by

(ii) all Medicare revenues paid to the hospital for the operating costs of inpatient hospital services for such fiscal year.

(B) OPERATING COSTS OF INPATIENT HOSPITAL SERVICES.—The term "operating costs of inpatient hospital services" has the meaning given such term in section 1886(a)(4) of the Social Security Act (42 U.S.C. 1395ww(a)(4)).

(4) SUBSECTION (d) HOSPITAL.—The term "subsection (d) hospital" has the meaning given such term in section 1886(d)(1)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(1)(B)).

IN RECOGNITION OF THE SUCCESSFUL PARTNERSHIP BETWEEN ANCHORAGE NEIGHBORHOOD HOUSING SERVICES AND THE NATIONAL BANK OF ALASKA

HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 16, 1995

Mr. YOUNG of Alaska. Mr. Speaker, I would like to congratulate both the Anchorage Neighborhood Housing Services and the National Bank of Alaska for being nationally recognized by the Social Compact in its 1995 Outstanding Community Investment Awards program for their partnership achievement: the rehabilitation of a historic downtown property into a mixed-use rental and retail development. ANHS and NBA were selected from over 160 applicants from across the country for their highly effective and innovative community investment strategies.

The project, known as the Loussac-Sogn Limited Partnership, marked a series of firsts in Anchorage: National Bank of Alaska [NBA] was the first financial institution in Alaska to purchase historic and low-income housing tax credits, Loussac-Sogn was the first housing built downtown since 1980, and it was the first limited partnership between a nonprofit and financial institution to provide for the housing needs of low-income individuals.

The shortage of affordable housing in Anchorage is critical. Significant increases in number of low- and moderate-income resi-

dents and a concurrent loss of almost 1,000 substandard housing units between 1988 and 1990 created the severe shortage. A decline in per capita income caused by a shift in the economy from oil-based jobs to service jobs also contributed to the problem. The affordable housing available in the Loussac-Sogn Single Rental Occupancy [SRO] building is helping alleviate the situation.

Located in Anchorage's downtown business district, this historically significant, 42,000 square foot art moderne structure was rehabilitated and preserved according to national historic standards. The building will be placed on the National Historic Register in 1996. It includes retail businesses on the ground floor and 52 renovated and furnished single room occupancy housing units on the upper floors. Residents, very-low income adults, will stay at Loussac-Sogn as the first step in a continuum of housing provided by Anchorage Neighborhood Housing Services [ANHS]. Support services, provided through a case management system, will also help the residents more successfully bridge a transitional period before finding permanent, independent housing.

The project could not have been completed without NBA's leadership and participation throughout the process. They assisted with the complex acquisition of the land and building. The bank convinced the landowner that the creation of low-income housing would be within its purpose as a charitable organization, and then they negotiated with the building's owners to settle litigation so that it could sell the property to ANHS at a reasonable price. NBA also provided funds in acquisition and renovation equity and a construction loan with \$1.55 million in financing through the Alaska Housing Finance Corporation. The additional financing needed to complete Loussac-Sogn was obtained through taxable bond financing and grants from the local historic preservation nonprofit, the Neighborhood Reinvestment Corporation, and the Federal Home Loan Bank of Seattle. NBA also stepped in with needed support when ANHS assumed the role of general contractor in order to address unexpected hazardous materials abatement requirements.

The Loussac-Sogn SRO is an asset and enhancement of downtown Anchorage. The residents take an active part in the community and focus on particular problems such as crime prevention. Thanks to Loussac-Sogn, businesses have learned about the positive effects of low-income housing.

TRIBUTE TO JESS DAMESWORTH

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 16, 1995

Mr. LEVIN. Mr. Speaker, it has become widely accepted in our Nation that when people become unemployed through no fault of their own, there should be a bridge for them and their family until a return to remunerative work.

It took considerable effort to weave that principle into America's economic fabric and it has taken constant effort to maintain it.

Jess Damesworth has been in the center of that endeavor. As unemployment compensation director for the United Automobile Workers for over a decade, he has devoted his